

technological innovation have to be taken. To reach this goal, the paper takes a case-study approach, i.e. surgical ablation (SA) performed in concomitance with cardiac surgery procedures. **METHODS:** An observational, retrospective, multi-centre study was carried out. Three hospitals were selected based upon the volume of activity (i.e. >50 SA procedures/year). Patients (N = 311) were enrolled during a 16-month period and recruited if they met inclusion criteria. Health care resource consumption was measured in detail through a bottom-up micro-costing approach. **RESULTS:** Direct and full costs of SA and of the concomitant cardiac surgery procedures were calculated per patient by using a standard costing approach. Mean direct cost of surgical interventions (SA and the concomitant procedures) is €9093 (range: 6406–14,746). While there is a large homogeneity among centres as to costs of SA (mean €1889), significant differences ( $p < 0.05$ ) emerge in costs of concomitant interventions (mean €7204) mainly because of different organisational patterns. **CONCLUSIONS:** Hospital managers are struggling to face the tension between scarcity of resources and increasing health care needs. Technological innovation opens new opportunities for hospital activities and patients' health that however need to be assessed against its costs. Which cost (i.e. direct vs. full costing) is to be considered in the decision-making process however is still not clear. There is a tendency to consider full costing of new procedures and to decide whether they are financially sustainable by contrasting it to the relevant DRG(s). Nevertheless, it is here argued that firstly, direct costing better illustrates the true economic value of the innovative procedures and therefore should be primarily used, and secondly, financial hospital sustainability would need to be assessed based upon hospitals' case-mix and not in silos.

**PCV104**

**EVALUATION OF THE PRESCRIPTION PATTERNS OF STATINS THROUGH APPROPRIATE INDICATORS IN TWO ITALIAN LOCAL HEALTH UNITS IN 2004–2006**

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**OBJECTIVES:** Drug therapy should be appropriately prescribed and administered in order to efficaciously prevent cardiovascular events. The study aim was to describe the prescriptions of statins in terms of persistence and compliance with the purpose of identifying appropriate pharmaco-epidemiological indicators close to clinical practice. **METHODS:** Statins (ATC C10AA) prescriptions data were collected from administrative databases in two Local Health Units (LHUs) in Northern Italy. Eligible patients should have had at least one statin prescription in three consecutive years (2004–2006). The adopted indicators for drug utilization included: "Calendar Days (CD)", calculated as the difference between the last and the first prescription dates in each year; "PDD days (PDDd)", calculated as the ratio between total mg prescribed and the surrogated prescribed daily doses; "DDD days (DDDd)", calculated as the ratio between total mg prescribed and the defined daily dose. A Compliance to Therapy Index (CTI) was calculated as the ratio between the total PDDd and the CD: indexes were calculated for each patient and classified in four compliance categories ( $\leq 25\%$ ,  $>25\%$  &  $\leq 50\%$ ,  $50\%$  &  $\leq 75\%$ ,  $>75\%$  &  $\leq 100\%$ ). **RESULTS:** Indicators showed an increase in statins use over the study period in terms of both DDD and sPDD. Persistence to therapy for at least two years was around 50% in both LHUs. PDDd was a more reliable measure of the daily dosage in comparison with DDDd,

which resulted in a coverage period longer than the CD. CTI analysis showed a decrease in low compliance categories (patients in the range 25%–50% decreased from 26% to 17%) and a raise in the rate of compliant patients (from 48% to 57%). Single prescriptions increased from 1% to 5%. **CONCLUSIONS:** Although statins' use is steadily growing, poor patients' persistence and adherence to therapy would need the implementation of strategies to improve compliance with lipid lowering medications.

**PCV105**

**STATIN PRESCRIBING IN THE CITY OF ZAGREB (2001–2006) AND THEIR ROLE IN SECONDARY PREVENTION OF CARDIOVASCULAR EVENTS**

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**OBJECTIVES:** Cardiovascular drugs account for 40% of total outpatient drug utilization in the City of Zagreb. Among them, utilization of the group of hypolipemics showed greatest rise from 2001 to 2006. The aim of the study was to investigate outpatient utilization of hypolipemics in the City of Zagreb during the 2001–2006 period and to assess the quality of prescribing these drugs in primary health care. **METHODS:** The number of defined daily doses (DDD) and DDD *per* 1000 Zagreb inhabitants *per* day (DDD/1000/day) were calculated on the basis of data on the number of packages of each individual hypolipemic (C10) for each study year. Data on the rate of hospitalization for the leading cardiovascular complications were collected as indirect indicators of the quality of prescribing statins. **RESULTS:** The utilization of hypolipemics was 33.03 DDD/1000/day in 2001 and 72.38 DDD/1000/day in 2006, yielding an almost twofold rise. Two drugs, simvastatin and atorvastatin, predominated in the utilization of statins with 93%. From 2001 to 2006, the utilization of simvastatin showed a 30% increase and that of atorvastatin more than sevenfold increase. During the study period, the overall rate of hospitalization for cardiovascular disorders decreased by 18.5%. **CONCLUSIONS:** The decreasing tendency recorded in hospitalization for cardiovascular diseases points to the improved quality of secondary prevention, including statins. The growing trend observed in the utilization of atorvastatin *vs.* simvastatin is indicative of the still inappropriate prescribing practice, whereas the high rate of hospitalization for hypertension reflects inadequate primary prevention of cardiovascular disorders.

**PCV106**

**PATIENT OUTCOMES AND HEALTH ECONOMICS ASSOCIATED WITH THE USE OF OCTYLCYANOACROLATE TOPICAL SKIN ADHESIVE IN CABG SURGERY**

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**OBJECTIVES:** This study examined the effect of Octylcyanoacrolate topical skin adhesive (DERMABOND Topical Skin Adhesive) on the risk of surgical site infection (SSI) and other clinical outcomes and resource utilization in patients undergoing coronary artery bypass graft (CABG) surgery. **METHODS:** This study utilized the Premier Perspective(tm) Comparative Database, which includes over five million hospital discharges per year. Qualifying patients who underwent CABG surgery during 2005 and 2006 were identified. Patients were classified into four groups by method of surgical wound closure (sutures only; sutures/DERMABOND; sutures/staples; and sutures/staples/DERMABOND). The primary study outcome was the